

# Vehicle Certification Form



Please complete this two page form and return to either the customer or ATP at the address below as soon as possible. Please note any defects.

Your inspection and comments are greatly appreciated.

The form will be used to determine the feasibility of modifying the vehicle for a lift, hand controls, or other body alterations.

Any expense incurred for the inspection is the responsibility of the owner of the vehicle.

Any item can be considered **acceptable** if there is normal or average wear (repairs not yet needed in the immediate future).

Repairs must be completed prior to vehicle modification.

Vehicle Owner (listed on registration)

Vehicle Make/Model	Year	Mileage
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Vin #

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Vehicle inspected by

Mechanic

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Company

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Address	City/State/Zip
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Phone	E-mail
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Comments regarding inspection:



	Vehicle owner	Acceptable Check here ____ if no repairs are necessary	Date Scheduled for Repair	Date Repair Completed
<b>Exterior</b>	Body			
	Glass			
	Lights and electrical			
	Tires			
	Exhaust			
<b>Engine Electrical</b>	Charging system			
	Wiring			
	Belts			
	Starter			
	Battery			
<b>Engine Cooling</b>	Radiator			
	Fan and clutch			
	Water pump			
	Hoses and belts			
	Gaskets and seals			
<b>Brakes</b>	Master Cylinder/Lines			
	Calipers/Pads/Shoes			
	Rotors/Drums			
	Park Brake			
	Gaskets and seals			
<b>Drive Train</b>	Drive axle			
	Drive shaft and U joints			
	Transmission/clutch			
	Wheel bearings			
<b>Suspension</b>	Springs			
	Shocks/struts			
	Torsion bar			
	Sway bar			
	Control arm			
<b>Steering</b>	Tire rods			
	Steering pump			
	Alignment			
	Rack and pinion			

I verify that the above information is complete and accurate to the best of my ability as a certified mechanic:

\_\_\_\_\_  
Mechanic Signature

\_\_\_\_\_  
Date